functioning in the Central Government hospitals for the disposal of hospital waste. Higher allocation for Hospital Waste Management has been proposed during the IXth Plan Period.

New intiatives to curb population in Urban and Rural areas

375. SHRI KRISHNA KUMAR BIRLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the country's population is projected to cross one billion mark by the turn of century;

(b) if so, the estimated increase of population in urban and rural areas separately;

(c) whether the Government's programmes and policies formulated to check the population growth have failed to achieve any results; and

(d) if so, what new initiatives Government propose to take in this regard now?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) Yes, Sir.

(b) The estimated increase of population is given below:

(Figures in million)

Year (as on 1st March)	Total	Rural	Urban
1991 (Census)	846.3	628.7	217.6
2001 (Projected)	1012.4	721.2	191.2

(c) No, Sir. The National Family Welfare Programme averted 197 million births as on March, 1996. The Birth Rate declined from 41.7 during 1951—61 to 28.3 (Provisional) in 1995.

(d) The new focus of the programme is quality improvement and decentralised planning of services. The system of setting contraceptive target from the top has been replaced by decentralised planning of services at the level of the Primary Health Centre. In the IXth Plan, the States; districts which are lagging behind are proposed to be given greater attention.

Adverse Economic situation due to widespread Malaria Disease

376. SHRI YERRA NARAYANASWAMY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any study been done as to the adverse economic situation due to widespread malaria disaease in the country;

(b) if so, when cost-economics of malaria occurence in the country was done;

(c) whether it is a fact that Government have not invested adequately to control various types of malaria; and

(d) if so, steps proposed to reinvigorate the anti-malaria campaign in the country?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI SALEEM IQBAL SHERVANI): (a) and (b) As per the latest (1996) Global Burden of Disease estimate, Malaria in India is responsible for the loss of approximately 1.2 million DALYs (Disability-adjusted life years) annually.

A study on cost-economics of Malaria in the country was conducted in 1980 by the Indian Institute of Management, Ahmedabad which concluded that each Rupee spent on Malaria Control/Eradication on Programme since 1953-54 has brought in a benefit of Rs. 9.27.

(c) and (d) A Centrally sponsored Programme namely National Malaria Eradication Programme (NMEP) is in operation in the Malaria prone areas of the country.

The said programme is implemented through the State Government on a 50:50 cost sharing basis between the Centre and the States. In the last five years the budget for Malaria Control has been a substantial increase.

Further, a Malaria Control Project with support from World Bank to intensify Control measures in malaria-endemic and tribal/ backward areas of the country is currently under formulation.